



Big Sky Strategic Ministries Volunteer APPLICATION

OFFICE USE ONLY <i>rev.9-4-2017</i>			
Date Rec'd			
Ref. Rec'd			
Reviewed by			
Acceptance sent			

All individuals desiring to serve as volunteers with Big Sky Strategic Ministries (BSSM) are required to complete this application. The purpose of this application is to help BSSM provide a safe and secure environment for those children, youth, and adults who participate in our ministry activities. Thank you for your interest in serving and for taking the time to complete this application. Please read through the entire application before starting & please PRINT. Send completed application to: Dave Ruthardt, Camp Director, PO Box 344, Freedom, WY 83120; OR bssm.camp@gmail.com.
Reference: where necessary use an attachment to provide more information than the space provided allows.

Personal Information		Date:	
Name:	Phone number(s):		
Address (street, city, state, zip):			
Email:			
<input type="checkbox"/> Male; <input type="checkbox"/> Female; <input type="checkbox"/> Single; <input type="checkbox"/> Married.		T-Shirt size: <input type="checkbox"/> S; <input type="checkbox"/> M; <input type="checkbox"/> L; <input type="checkbox"/> XL; <input type="checkbox"/> XXL; <input type="checkbox"/> XXXL.	
<input type="checkbox"/> College Student. <input type="checkbox"/> Military. Number of Children: ____. What were the circumstances related to you coming to faith in Jesus? _____			
What do you find useful to keep your walk with Jesus meaningful? _____			
About how often do you read your Bible? <input type="checkbox"/> Daily; <input type="checkbox"/> Regularly; <input type="checkbox"/> Weekly; <input type="checkbox"/> Monthly; <input type="checkbox"/> Not often.			
List 3 individuals you will ask to pray for you and your ministry at Camp:			
Give the basics to understanding the Gospel:			

References: 1. Pastor; 2. Awana Commander or Awana Director or Ministry Leader; 3. Friend in ministry (non-family; 3 years or more); 4. Family member. Provide each with a BSSC Reference Questionnaire (Available from the Camp Website or from the Camp Director. The completed Reference Questionnaires can be mailed from the reference to the Camp Director, Dave Ruthardt, PO Box 344, Freedom, WY 83120, OR emailed to the Camp Email bssm.camp@gmail.com).

1.Name: _____	Email: _____		
Address: _____	Phone: _____		
2.Name: _____	Email: _____		
Address: _____	Phone: _____		
3.Name: _____	Email: _____		
Address: _____	Phone: _____		
4.Name: _____	Email: _____		
Address: _____	Phone: _____		
Present Employment	Employer: _____	Dates: _____	to _____
Position: _____		Hours/week: _____	

Medical Information		Applicant NAME: _____		Date: _____
Insurance:	<input type="checkbox"/> Bring a Copy of Health insurance card (front & back) to camp for the nurse.		<input type="checkbox"/> I have no health insurance.	
Insured's Name:	_____	Relationship to Applicant:	_____	
Doctor's Name: _____		Phone: _____		
Date of last tetanus: _____		Date of last physical: _____		
List activity/physical limitations (please write "None" if applicable): _____				
List medical or food limitations (please write "None" if applicable): _____				
We provide special meals for camper/staff with food allergies (e.g. gluten free, dairy free, etc.), so please list all food limitations. Will Applicant be under any medication* while at camp? <input type="checkbox"/> Yes; <input type="checkbox"/> No. If yes If yes, please provide details: _____				
*For those volunteers that will be staying in cabins with campers, all medications are to be in original containers with prescription attached and given to the camp nurse.				
Emergency Contact:	_____	Relation to Applicant:	Phone: _____	

Ministry Information

Home Church: _____		Years attended: _____		
Location (City, State): _____		Are you a member? <input type="checkbox"/> Yes; <input type="checkbox"/> No		
Awana Church: (if different) _____		Current Awana Role: _____		
Location (City, State): _____				
Years as a Clubber: ____ Leader: ____ Books Completed: ____ Highest Award: _____				
Club experience: <input type="checkbox"/> Puggles; <input type="checkbox"/> Cubbies; <input type="checkbox"/> Sparks; <input type="checkbox"/> T&T; <input type="checkbox"/> Trek; <input type="checkbox"/> Journey; <input type="checkbox"/> Commander; <input type="checkbox"/> Other.				
Translation you memorize in: <input type="checkbox"/> KJV; <input type="checkbox"/> NKJV; <input type="checkbox"/> NIV; <input type="checkbox"/> ESV; <input type="checkbox"/> Other ____ . How did you start in Awana? _____				
Provide a testimony about the Awana (or other Children's/Youth) Ministry in your life: _____				
Other Youth & Adult ministries/activities/interests: _____				
Total Years involved with Ministry Service: _____				
Are there any experiences or history in your life that made you an inappropriate example for young people? <input type="checkbox"/> Yes; <input type="checkbox"/> No. If yes, describe how you have dealt with it: _____				

Camp Experience Information	Applicant NAME: _____	Date: _____
Camp(s) & Years attended: _____		
Desired Position: _____		
Years as a Camper: __ Leader: ____ Camp experience: <input type="checkbox"/> HS Counselor; <input type="checkbox"/> JH Counselor; <input type="checkbox"/> Games <input type="checkbox"/> Bible Teacher; <input type="checkbox"/> Kitchen; <input type="checkbox"/> Team Captain; <input type="checkbox"/> Website; <input type="checkbox"/> Bank/store; <input type="checkbox"/> Office Work; <input type="checkbox"/> Photographer; <input type="checkbox"/> Computer/Audio/Visual/Sound/Electronics; <input type="checkbox"/> Life guard; <input type="checkbox"/> Canoeing; <input type="checkbox"/> Crafts; <input type="checkbox"/> Song Leader; <input type="checkbox"/> Nurse.		
Musical instrument(s)/Music Team Interests: _____		
Check areas of interest above. Describe areas of camp ministry interests: _____		
How did you first get interested in Scholarship Camp?		_____
Provide a testimony about Children's/Youth Ministry/Camp (as applicable):		_____
Would you be willing & able to be a Camp Contact* for your Awana Club? <input type="checkbox"/> Yes; <input type="checkbox"/> No. Would you be willing & able to be a Camp Ambassador* at major Awana Events? <input type="checkbox"/> Yes; <input type="checkbox"/> No. *To find out more information see the Camp Website.		

Personal Background

If you answer yes to any of the following questions, please provide an explanation (attach a separate page if necessary). Answering yes to one or more of the following questions will not automatically disqualify an applicant. *In responding to any question below, you do not need to provide information that is included in a record that has been sealed or expunged under state or federal law.*

1. Have you ever been asked to leave a church or your service as a volunteer, employee, or contractor? <input type="checkbox"/> Yes; <input type="checkbox"/> No. 2. Have you ever been charged with the commission of an unlawful offense? <input type="checkbox"/> Yes; <input type="checkbox"/> No. 3. Have you ever been or are you currently being investigated by a governmental agency for the abuse or endangerment of children? <input type="checkbox"/> Yes; <input type="checkbox"/> No. 4. Have you ever had an addiction to drugs, alcohol, pornography, other substance, or destructive behavior? <input type="checkbox"/> Yes; <input type="checkbox"/> No. 5. Have you ever been treated for a psychiatric disorder? <input type="checkbox"/> Yes; <input type="checkbox"/> No. If you answered "Yes" to any of the questions, please explain:

Background Check Information *For first time applicant. More information may be requested.*

Applicant's Full Name: _____		
Previous or Maiden Name: <i>(if applicable)</i>	Date of Birth: mm/dd/yyyy	_____
Years at current Address	Years at current Church	Years at current Awana Club
Driver's License Number: _____		State: _____

Consent & Release of Liability	Applicant NAME:	Date:
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Consent to Medical Treatment: If I experience an injury or illness, or have other medical needs, I authorize employees, volunteers, and agents of BSSM to make such arrangements for my health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release BSSM and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expenses, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by Insurance.

Release of Liability: By signing below, I warrant that I am fully capable of safely participating in all volunteer activities in which I choose to serve, and I expressly assume all ordinary, special, unforeseen, and inherent risks associated with my involvement, whether such risks are known or unknown to me at this time. I understand and acknowledge that the volunteer activities may involve risk of property damage and of personal injury, illness, or even death, including but not limited to the risks arising from equipment malfunction from whatever cause, inadequate training, poor weather, environmental conditions, deficiencies in transportation, facilities, food, transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In the light of these risks I hereby release and discharge BSSM and its officers, directors, employees, volunteers and agents from any and all liability, claims, demands or causes of action that I may hereafter have for property damage or personal injury, illness or death arising out of my participation in the volunteer activities in which I may serve, whether on or off the grounds. This Release of Liability is given on my behalf, and on behalf of my heirs, family, estate, administrators, executors, personal representatives and assignees. While participating in Camp activities, I irrevocably grant BSSM permission to record and use photographs, film, audio recordings and videotape of me and my name for use in brochures, videos, and various BSSM publications and other work product.

Acknowledgments and Certifications (See Camp Website or the Camp Director for the *referenced documents**)
 I acknowledge that as a Camp volunteer I am responsible to the Camp administration and must cooperate with my fellow volunteers, by my chief responsibility will be to the campers. I must assume appropriate leadership responsibilities and make necessary decisions. My spiritual vitality, Christian maturity, dependence upon the Word of God and His Spirit, and fellowship with Him are each essential for a successful camp ministry. I am a born-again Christian, prepared to deal with campers regarding personal decisions for salvation and dedication for Christian service, able to lead evening cabin devotions, and willing to enter wholeheartedly into the spirit of the camp and participate in the total camp ministry.

- 1) Do you agree with the *BSSM Statement of Faith*? Yes; No. If no, please explain on a separate sheet.
- 2) I have read and understood the *BSSM Basic Child Protection Standards** and agree to conduct myself in accordingly.
- 3) I have read and understand the *BSSM Camp Dress Code** which promotes orderliness and unity while seeking to remove any distractions that may hinder a camper or other staff members from fully focusing on the Lord.

If I am selected as a volunteer, I agree to fulfill my responsibilities as assigned and to follow all established policies and procedures and to conduct myself in a God-honoring manner while engaged in BSSM programs and activities. I also understand and agree that my status with BSSM will be that of a volunteer only. I understand and agree that I will not be an employee or independent contractor, and that I have no expectation of compensation of any kind, of workers' compensation, unemployment, health or other insurance coverage, or employee benefits. I further understand and agree that BSSM can terminate my volunteer relationship at any time, or for any reason, without prior notice to me.

I hereby declare and certify that I am at least eighteen (18) years of age and the information I have provided on the application is true, complete and correct to the best of my knowledge and I am under no mental or legal disability, which would prevent me from signing and executing this agreement.

Arbitration: I agree that I will not sue or make claim against BSSM for damages or other losses sustained as a result of my participation in the volunteer activities. I expressly agree to resolve any claims or complaints arising out of this agreement with my participation in the Big Sky Strategic Ministries through mandatory mediation and, if necessary binding arbitration with the Institute for Christian Conciliation (I.C.C.), associated with Peacemaker Ministries. If any claim or complaint cannot be resolved through mediation with the I.C.C., I expressly waive the right to sue Big Sky Strategic Ministries, their directors, employees, or agents and consent to be bound by any matter decided by arbitration with the I.C.C. I further agree that I may assist in selecting an I.C.C. approved mediator or arbitrator. All costs for mediating or arbitrating with the I.C.C. will be shared equally by the parties.

Authorization: I voluntarily and knowingly authorize any present or past employer or supervisor, college, university, or other institution of learning, administrator, law enforcement agency, state agency, federal agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons, to give records or any other information requested. In consideration of the review of my application, I hereby release BSSM and its representatives from liability as they seek this information (including fact or opinion). I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information, whether positive or negative. A photographic or faxed copy of the authorization shall be valid as the original.

I also certify that all information above and below is correct to the best of my knowledge. Any false statements provided in this form will be considered just cause for the termination of the volunteer at any time.

Signature:	Date:
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